FAIRFAX COUNTY HEALTH DEPARTMENT

MOBILE VEHICLE CHECKLIST

1. _____ COMPLETED APPLICATION FORM

2. _____ PERMIT APPLICATION FEE $40.00, AND PLAN REVIEW FEE $40.00

3. _____ MFU COMMISSARY AGREEMENT FORM (SIGNED AND DATED)

5. _____ COPY OF LIMITED OR FULL CERTIFIED FOOD MANAGER LICENSE

7. _____ BUSINESS NAME IN THREE INCH LETTERING ON BOTH SIDES OF VEHICLES

8. _____ APPROVED SANITIZER AND TEST KIT (IF THREE COMPARTMENT SINK IS PRESENT)

9. _____ A THREE COMPARTMENT SINK (IF NEEDED) WITH THE FAUCET REACHING ALL COMPARTMENTS OF THE SINK, AND HOT/COLD RUNNING WATER

10. _____ A HAND SINK WITH DISPOSAL HAND TOWELS AND SOAP

11. _____ APPROVED PROBE THERMOMETER

12. _____ APPROVED **NSF** OR EQUIVALENT EQUIPMENT INCLUDING WATER HOSES, **NO HOME STYLE EQUIPMENT**

13. _____ IF A STATIONARY MOBILE UNIT IS LOCATED IN A BUILDING, THEN A COPY OF THE CONTRACT WITH THE BUILDING MANAGEMENT/OWNER IS NEEDED